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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 435770

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101				✓	=	240
Total Claims >20	203/103	20	=	20	X		18
Independent Claims >3	202/102	7	=	4	X		28
Mult. Dep Claim Present	204/104					=	
Surcharge	205/105					=	180
English Translation	139					=	
TOTAL FEE CALCULATION							1800

Fees due upon filing the application:

Total Filing Fees Due = \$ 1800.00

Less Filing Fees Submitted - \$

BALANCE DUE = \$ 1800.00

Office of Initial Patent Examination

Figure 7

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

435770

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	<i>20</i> minus 20 = *	<i>20</i>
INDEPENDENT CLAIMS	<i>7</i> minus 3 = *	<i>4</i>
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE ☐

OTHER THAN
SMALL ENTITY

RATE	FEE
	380.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	760.00
X\$18=	<i>428</i>
X78=	<i>310</i>
+260=	
TOTAL	<i>770</i>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus **
	Independent	*	Minus ***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

SMALL ENTITY

OTHER THAN

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus **
	Independent	*	Minus ***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus **
	Independent	*	Minus ***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.